ACGME

Working With Learners in Difficulty

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Adapted from slides by
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Southeast Hub: Developing Faculty Competencies in Assessment

Speakers: Kati Beben, MD, Molly Benedum, MD, Regina Bray Brown, MD, MHPE, Kate Hatlak, EdD, Monica Newton, DO, MPH, Varsha Songara, MD, MHPE, Daniel Yoder, Jr. MD, and Kathleen Young, PHD, MPH, LP, ABPP

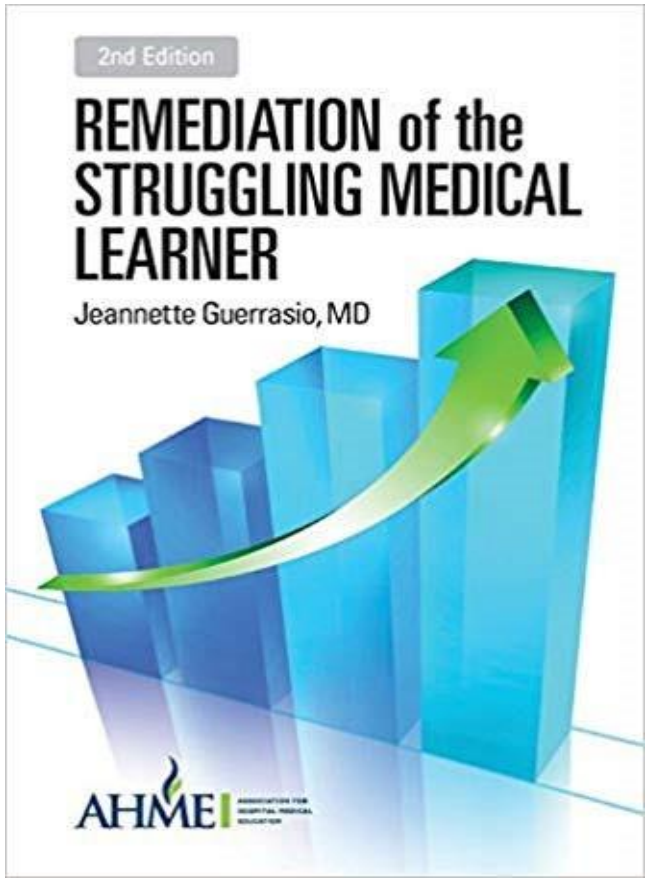
Planners/Facilitators: Kati Beben, MD, Molly Benedum, MD, Regina Bray Brown, MD, MHPE, Stephanie Call, MD, MSPH, John Emerson, MD, Kate Hatlak, EdD, Chandra Hill, MHRM, Sandi Moutsios, MD, Monica Newton, DO, MPH, Matt Rushing, MD, Shirley Sharp, DO, Varsha Songara, MD, MHPE, Daniel Yoder, Jr. MD, and Kathleen Young, PHD, MPH, LP, ABPP

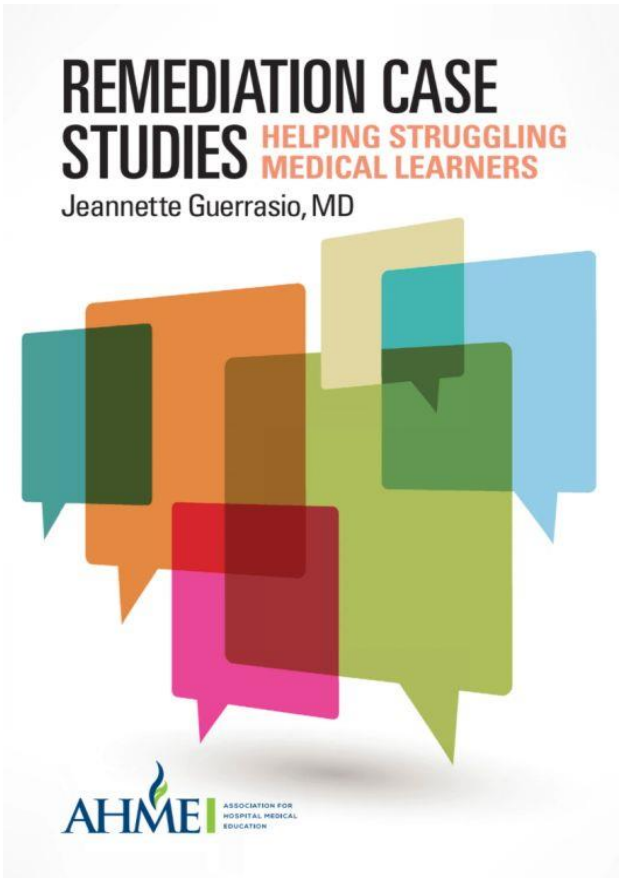
Disclosure: None of the speakers for this educational activity have a relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

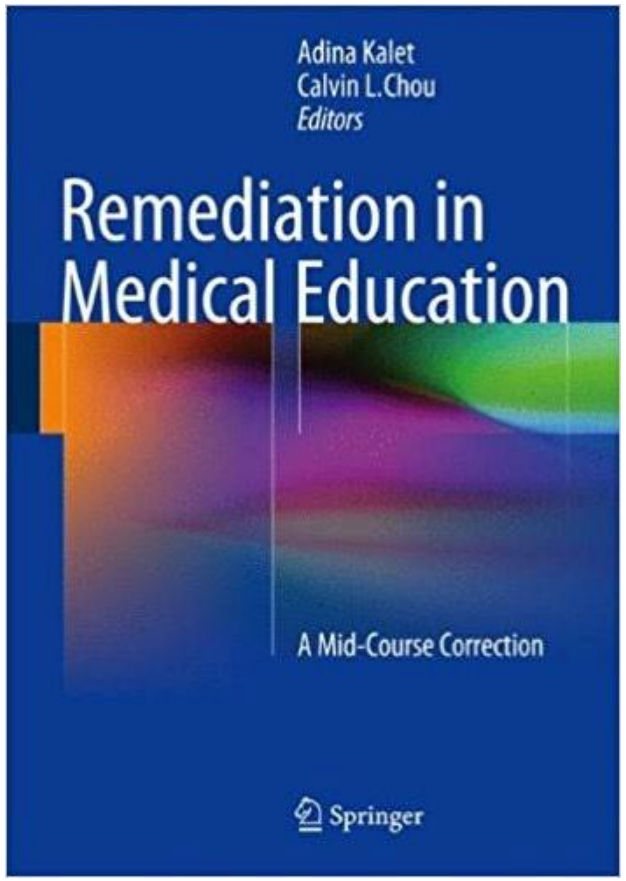
Session Outline

- Remediation Resources
- Lessons Learned
- Approach to Remediation
- Professionalism
- Legal Issues and Program Development

Remediation - The State of the Art







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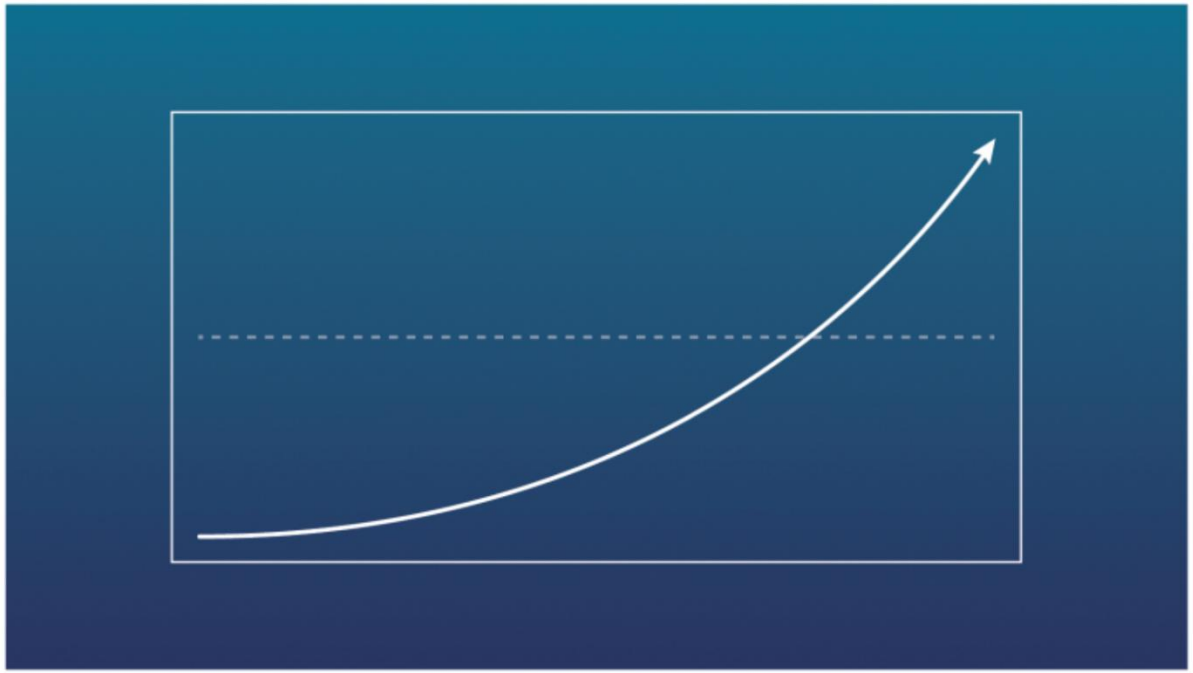
ACGME Remediation Toolkit

11 modules for learner remediation, practical tools, programmatic approaches, skill enhancement.



Time to complete: 6 hours

Release Date: August 31, 2023

Credits:
5.25 *AMA PRA Category 1 Credits*™

ENROLL TODAY

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Description | Learning Objectives | Authors | CME Information

Take a Minute

What is the hardest thing about remediation for you?

What keeps you up at night?

a) *Tough case(s)*
b) *Lack of resources*
c) *Issues with institutional culture*
d) *Other*

Lessons Learned from Remediation

Lessons Learned

1. Learners struggle…and early recognition benefits everyone
2. Language matters
3. Correct “diagnosis” is necessary for effective remediation
4. Underlying issues are common, and learners need a safe space to explore these

Importance of resident remediation

Point prevalence of struggling residents: 5-15%

Remediation is a significant investment of time and effort

Consequences may include: program reputation, legal issues, patient safety and quality of care, and morale of entire residency

Deficiencies do not resolve without intervention

Professional obligation: to teach ALL learners, to self-monitor, to protect and serve the public

Recognition of the Struggling Learner

Early identification is critical, but often does not happen

Deficits are rarely self-reported

Written evaluations are often not helpful

What ends up happening

Hallway conversations, confidential comments to the PD

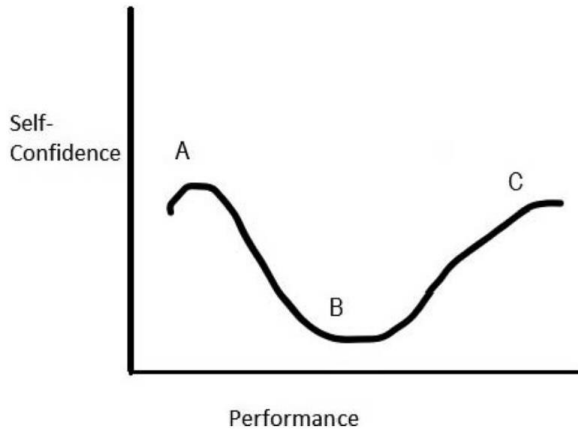


FIGURE
Graphic Depiction of the Dunning–Kruger Effect

Rahmani M. JGME 2020

Creating a Culture in Which We:

- Admit that learners struggle
- Help learners expect and embrace both reinforcing and corrective feedback as part of the progression toward mastery
- Gain comfort giving corrective feedback and being honest in written evaluations
- Implement coaching and remediation programs

Lessons Learned

1. Learners struggle…and early recognition benefits everyone
2. Language matters
3. Correct “diagnosis” is necessary for effective remediation
4. Underlying issues are common, and learners need a safe space to explore these

A Learner With a Gap: Who is Struggling or Off Course

"a learner who needs more than the standard curriculum to achieve competence in all of the required domains"

Jeannette Guerrasio, MD

In a developmental journey, not necessarily a bad thing!

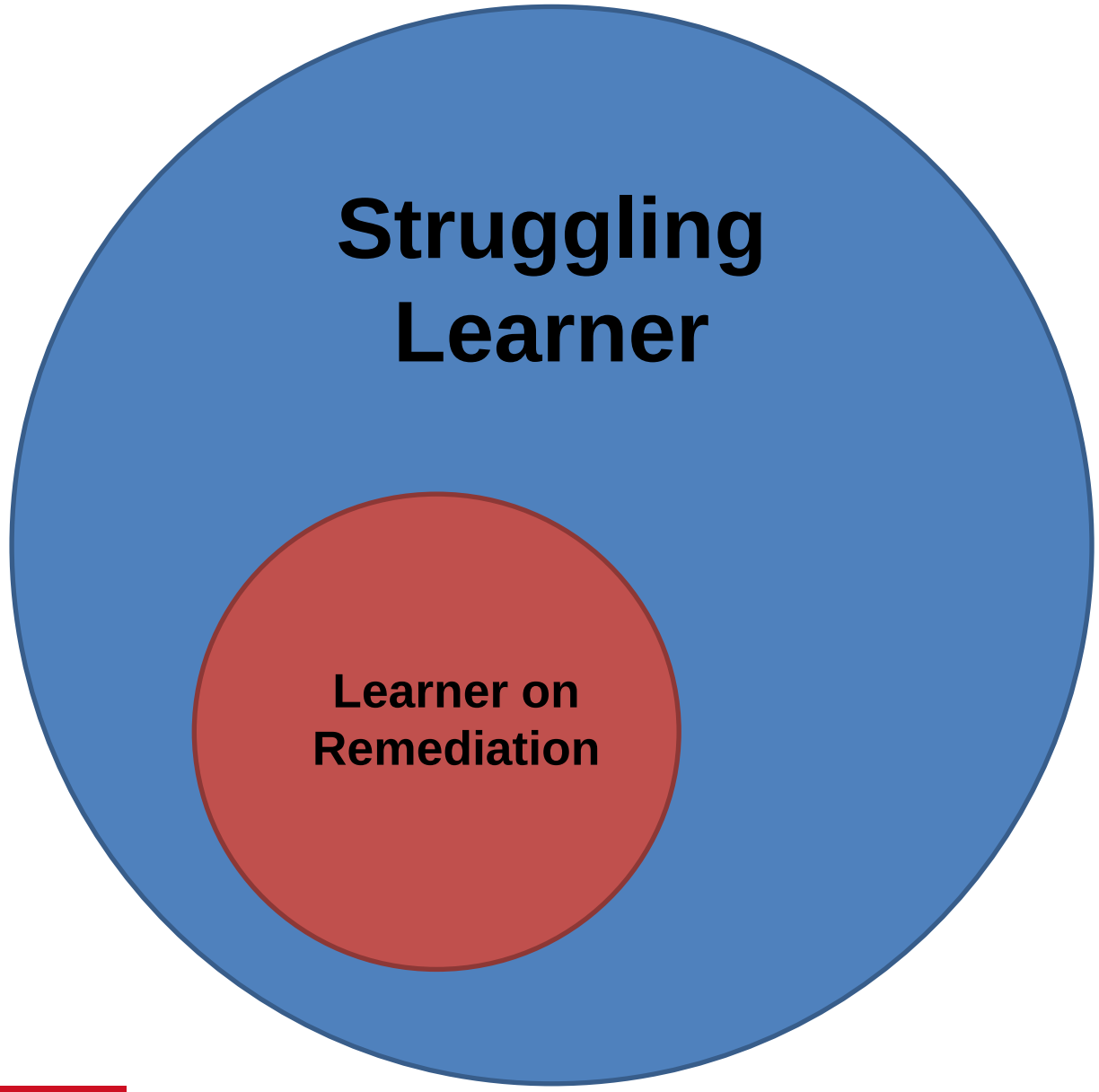
Intervention

"…help for a learner who needs more than the standard curriculum to achieve competency in all of the required domains"

Jeannette Guerrasio, MD

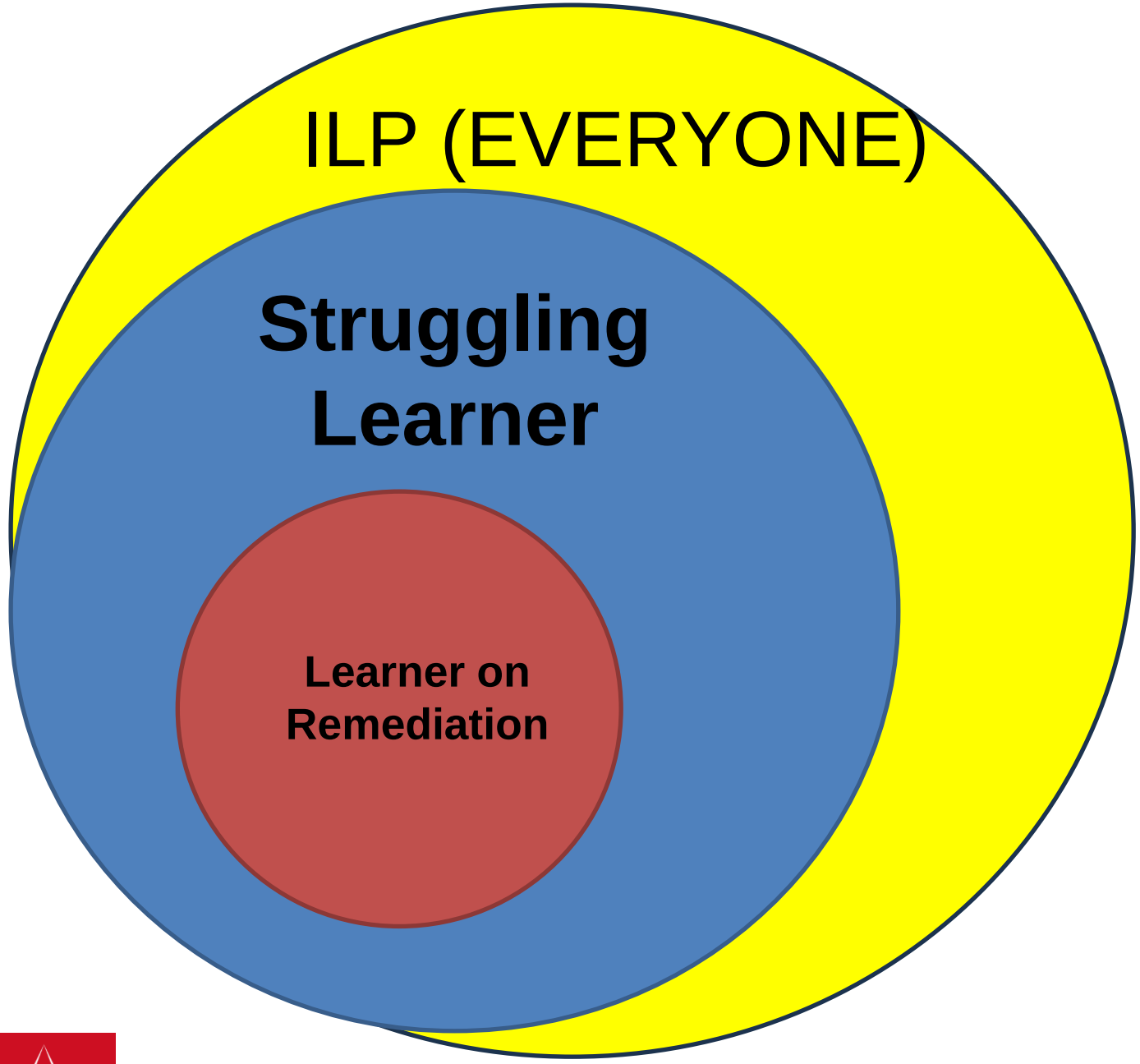
The act of facilitating a correction for trainees who started out on the journey towards becoming a physician but have moved off course.

Kalet and Chou



Critical Context:

Struggling versus remediation


ILP (EVERYONE)
Struggling Learner
Learner on Remediation

Informal Remediation

A first step, initiated when warning signs exist but are not so significant to warrant immediate formal remediation. This stage serves as a critical opportunity to document the process if the resident fails to improve and there is an ultimate need to escalate the remediation. (*Think individualized learning plan!)*

Remediation

Meanings, terms, implications vary

For most,

- Pre-disciplinary step
- Not reportable (some exceptions)
- Involves a paper trail

Lack of learner buy-in

Appropriate when:

Efforts to informally coach learner in deficient skills have been unsuccessful

Struggles involve misconduct or are significant enough to impact patient care

Struggling Learner v Learner on Remediation

For all learners:

What may be different for the learner on remediation:

Stakes
Documentation
Your role
Learner's anxiety level

Probation and Termination

- Not every program has “probation” -> adhere to your policy
- Typically probation connotes disciplinary/reportable action
- Indications
  - Initial corrective action for
    - Misconduct, severe problem, behavior that must cease immediately
  - Failed remediation

Small Group Exercise

How do your faculty/learners view intervention to support the "off course" learner?
What terms are used?

Is it high stakes or is it an expected component of CBME?

If seen as high stakes, how could you "normalize" the need for remediation?

Lessons Learned

1. Learners struggle…and early recognition benefits everyone
2. Language matters
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4. Underlying issues are common, and learners need a safe space to explore these

Remediating a Struggling Learner

Frameworks for Defining Gaps

ACGME Competencies, Subcompetencies and Milestones

- Medical Knowledge
- Patient Care
- Interpersonal Skills and Communication
- Professionalism
- Practice-Based Learning and Improvement
- Systems-Based Practice

ACGME Milestones “Plus”(Guerrasio)

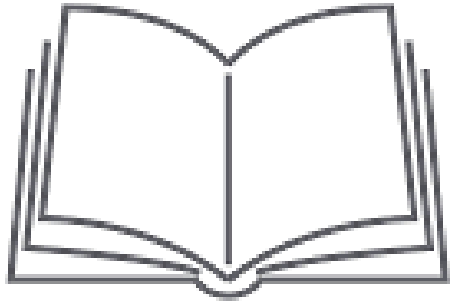
- Patient Care
  - Clinical Skills
  - Clinical Reasoning and Judgment
  - Time Management and Organization

Approach to the Struggling Learner

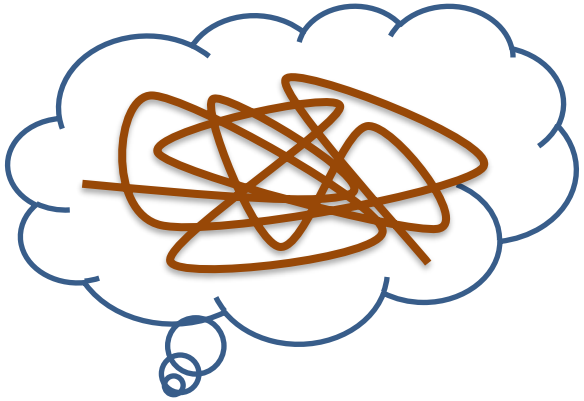
- Problem identification
  - Confirm the learner is actually struggling
  - Consider learning environment, implicit bias
  - Assessment of underlying factors
- Problem classification
  - Importance of the correct “diagnosis”
- Determination of an appropriate intervention
  - Adhere to internal policy
- Assessment of the intervention

Most Common Learner "Chief Complaints"

"Needs to read more"
"Needs to expand knowledge"

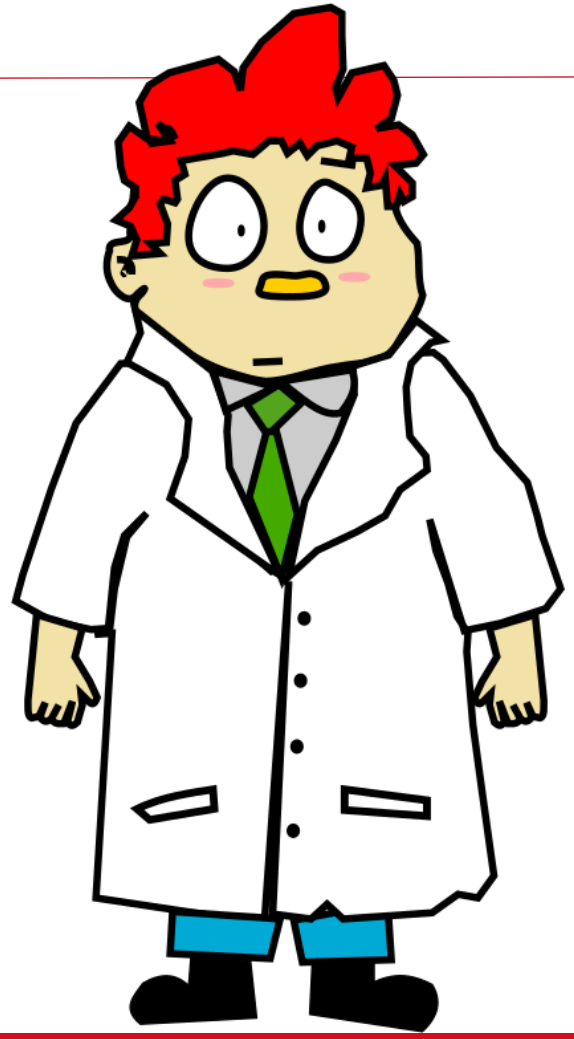


Usually a signal that *something* is wrong…
…but it's often not knowledge



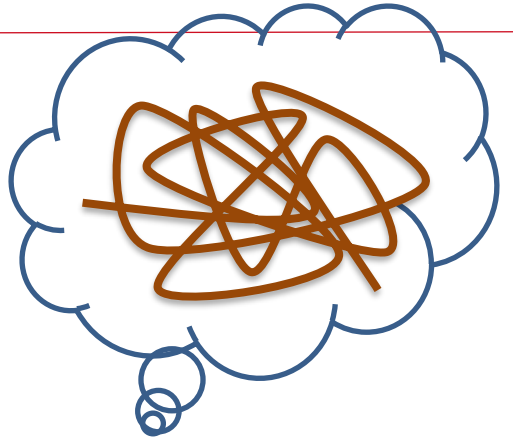
"*Disorganized, inefficient*"

Case



“Sam”

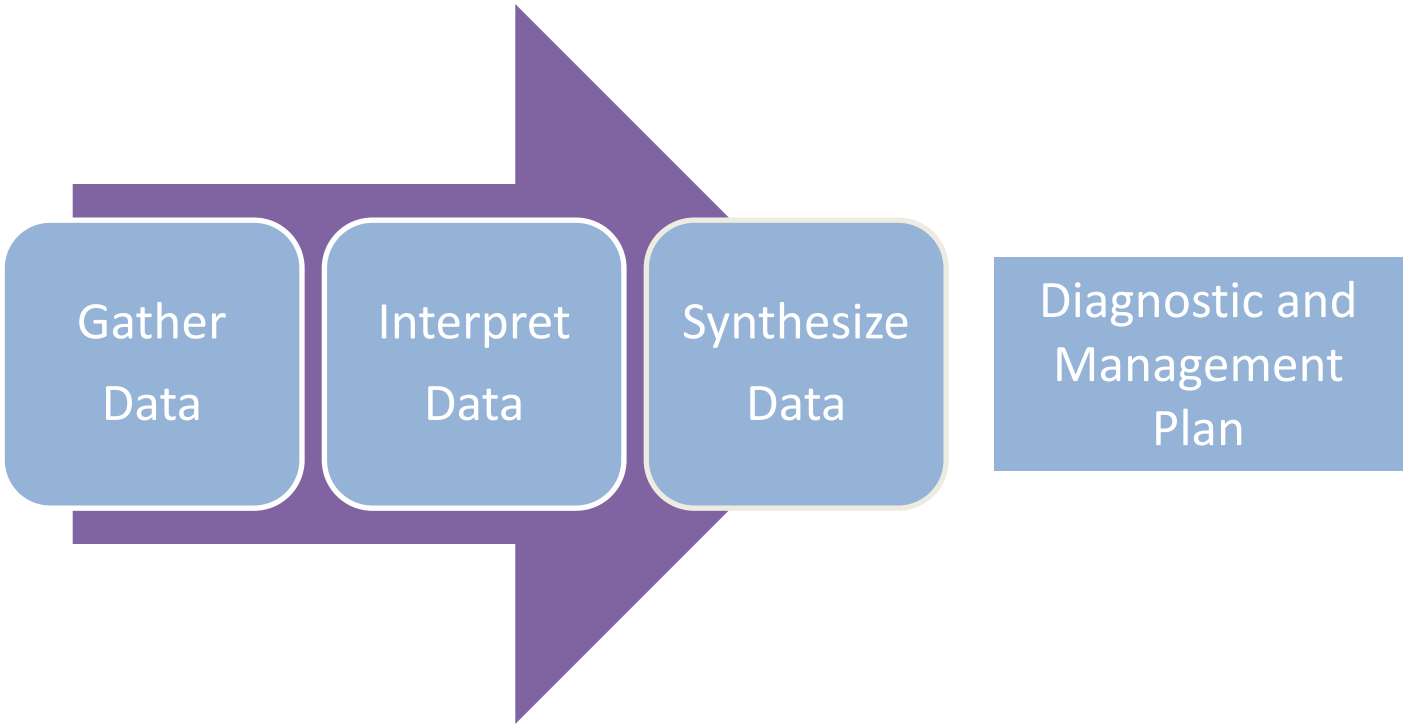
The Disorganized Learner

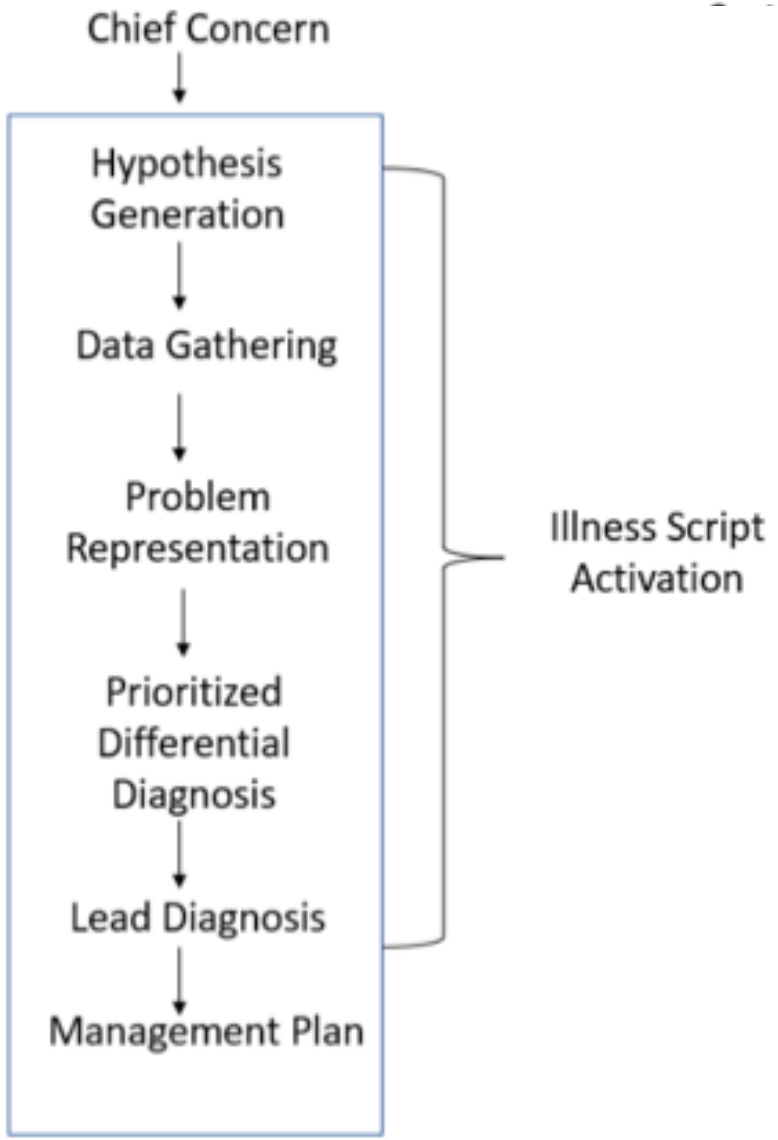


- True problem with organization
- Clinical reasoning deficit in an otherwise organized individual
  - Unable to collect data efficiently, cannot triage information
  - Ineffective problem representation
  - Lack illness scripts
- Issue with mental well-being

Warburton KM et al. Remediation in Medical Education, 2023

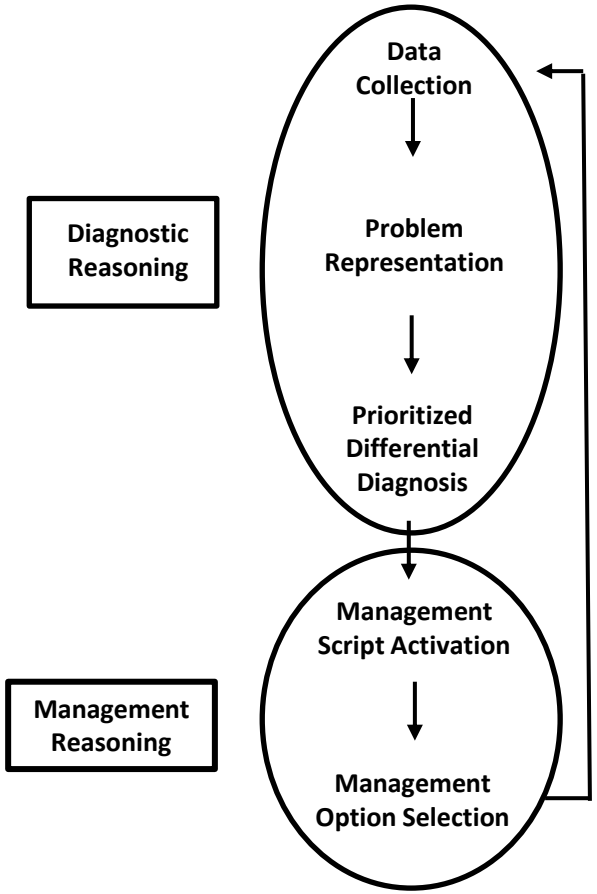
What is Clinical Reasoning?





Knowledge is necessary, but not sufficient, to reason

What Does a Clinical Reasoning Deficit Look Like?



Phenotype	Sample Comments from Clinical Evaluators
Cannot tell a story	Presentations disorganized or hard to follow, lacks framework, presentations too long, struggles to synthesize data from multiple sources
Struggles to triage tasks	Trouble prioritizing tasks, adapting prioritization when presented with new information, incorrectly triages tasks
Cannot trust the history	History misses details, incomplete, overly detailed with irrelevant information
Disorganized or inefficient	Always behind, unprepared for rounds or clinic, spends too long with patients
Does not have a plan	Struggles to create appropriate plan independently, plan is superficial, unable to verbalize decision making
Lacks the big picture	Misses the forest for the trees, gets lost in the weeds, misses the central problem, difficulties prioritizing the problem list, struggles with handoffs of care, cannot call a consult
Struggles in urgent situations	Lack of appreciation of urgency, doesn't know what to do when confronted with urgent situation, lacks confidence in urgent situations
Differential Diagnosis is lacking	Narrow or limited differential diagnosis, tunnel vision, premature closure, anchors, trouble prioritizing and justifying differential diagnosis

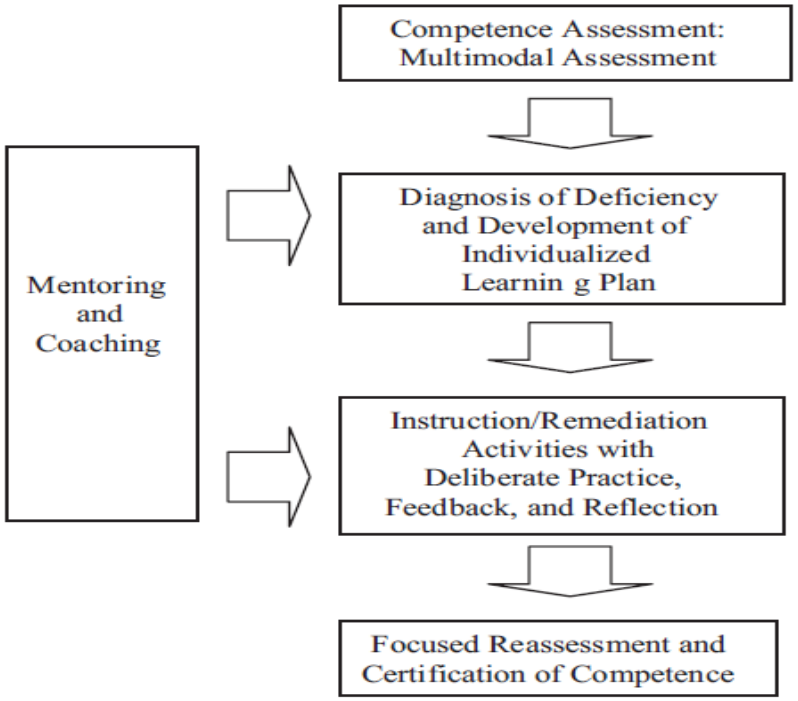
Parsons AS et al. Acad Med 2020

Parsons AS…Warburton KM. Submitted for publication 2023

Phenotypes of Clinical Reasoning Struggle

Can't tell a story	Orders too many tests	Doesn't appreciate urgency	Indecisive	Presentations miss important details
Disorganized	Inefficient	Overwhelmed	Always behind	Anchors
Poor signouts	Limited differential diagnosis	Misses the big picture	Can't see the forest for the trees	Premature closure

Remediation: Process and Plan



Hauer K et al. Acad Med 2009

The Remediation Plan

Plan (coaches, advisors, mentors)

- Explain the reason for the remediation
- Goals (SMART)
- Coaching exercises and/or rotation structure
- Where will remediation take place?
  - Simulated environment
  - Clinical environment

Reassessment process (program)

- At department level, timeline firmly defined by department
- Consequences if goals are not met within the defined timeline

The goal of remediation

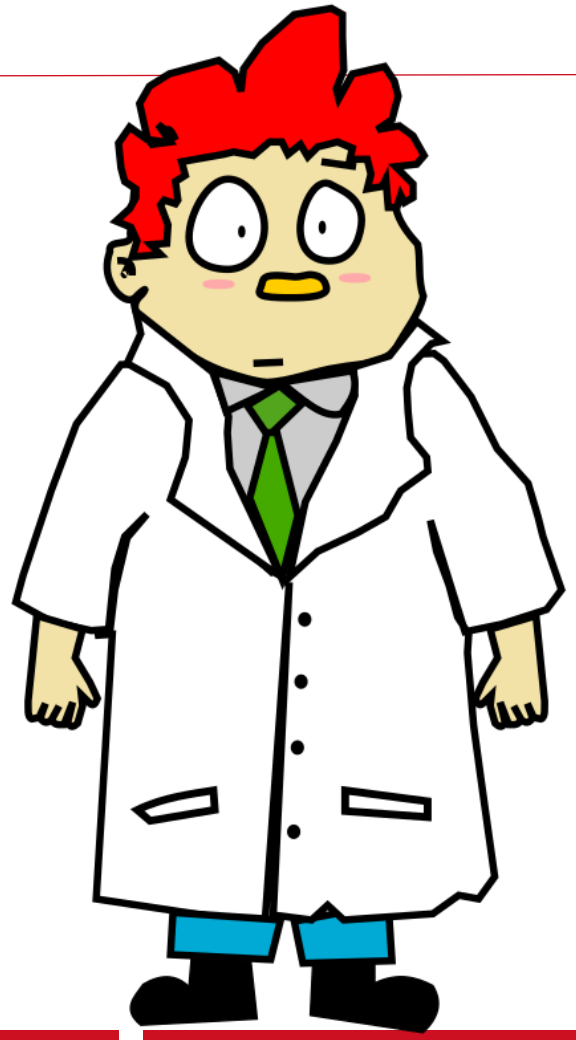
1 deficit at a time
Less overwhelming
More likely to yield success
Improvement builds confidence and momentum

Target and fix the greatest deficit

**If 1 of the deficits is professionalism or mental well-being, fix that first*

Key principles for remediation

Remediation strategies



<u>Time management and organization:</u>
Teach checklist or data organization system
Model pre-rounding
Repetition: same way every time
Identify and prioritize tasks (and time required for each)
Time study or log
Observation of peers
Modification of clinic volume or patient load

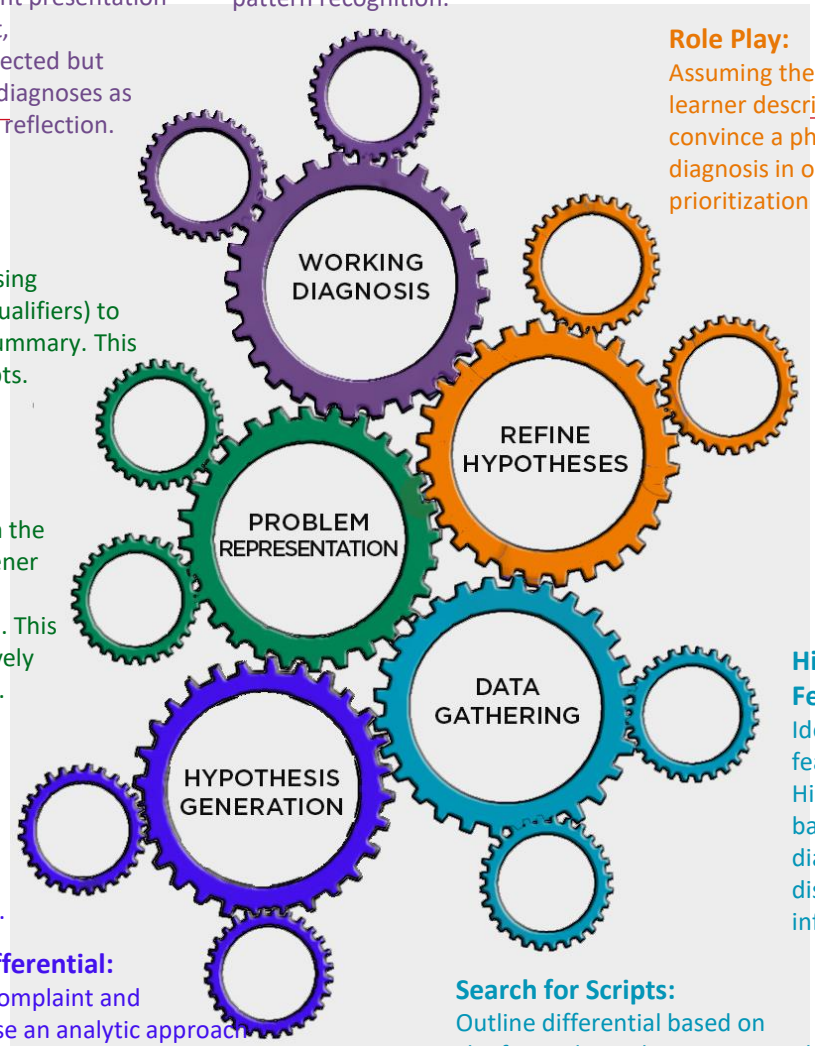
Clinical Reasoning is Remediable

Visualize the Diagnosis:
Practice visual diagnosis using images, video, or bedside findings to enhance pattern recognition.

Assess for Fit:
List aspects of patient presentation that are concordant, discordant, and expected but missing for leading diagnoses as part of a structured reflection.

Role Play:
Assuming the role of a patient, learner describes how they would convince a physician of a specific diagnosis in order to force prioritization of clinical details.

Articulate the Problem Representation:
Use key features and opposing descriptors (i.e. semantic qualifiers) to craft a 1-2 sentence case summary. This prompts stored illness scripts.



Identify Findings that Matter:
Identify findings that have the biggest impact on increasing or decreasing the probability of diagnoses to build and link illness scripts.

Reverse the Presentation:
Begin oral presentations with the assessment to prime the listener for feedback on selection of subjective and objective data. This allows the learner to proactively support an initial assessment.

Highlight Key Features:
Identify key clinical features in a written History and Physical based on possible diagnoses to promote distillation of information.

Think Base Rate:
Categorize initial differential in terms of common, atypical, rare, and "can't miss" diagnoses.

Scaffold the Differential:
Start with chief complaint and demographics, use an analytic approach (anatomic, pathophysiology, or systems-based schema or mnemonics) to systematically craft a broad differential.

Search for Scripts:
Outline differential based on chief complaint alone; propose three diagnoses followed by five questions and five exam findings to promote hypothesis-driven reasoning through deliberate practice.

Parsons A, Clancy C, Rencic J, Warburton KM Acad Med 2021

Learning Plan

Should be SMART

Components:

Objectives- clear articulation of expectations

Strategies

A tool for measurement- *how will you know you've succeeded?*

Accommodation						
Gap	Competency	Sub-competency	Action plan	Measures	Determination of success	Timeline

What about coaching?

Self-assessment is a key component of remediation

Struggling residents often have deficits in self-directed learning and receiving feedback

Coaching & self-reflection can improve motivation and resiliency

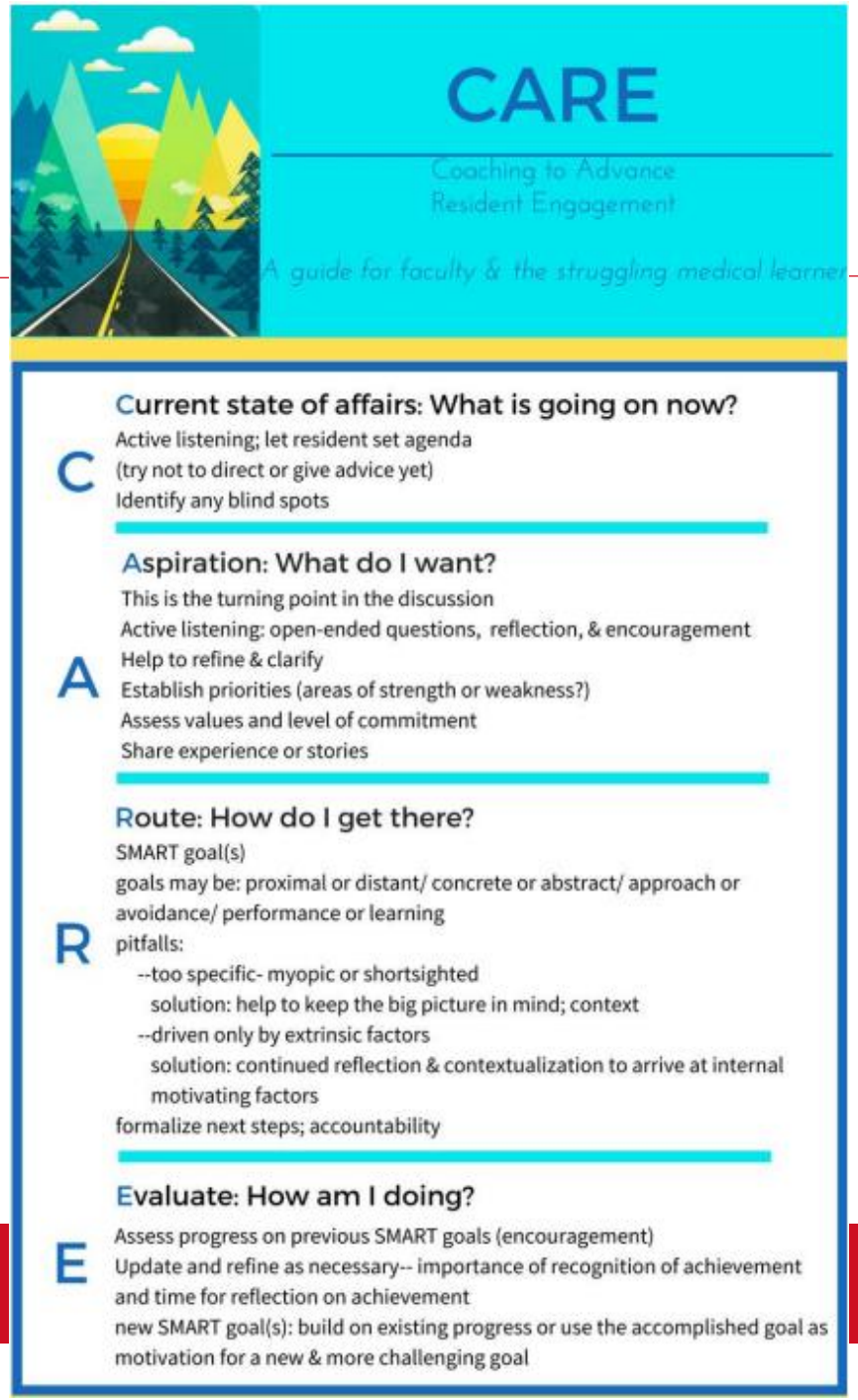
Coaching allows the learner to be an active participant in the remediation process

The Importance of Insight & Intrinsic Motivation

Self-regulated learning perspective

- Set specific goals
- Develop a plan
- Self-monitor
- Self-evaluate

Durning SJ et al. Acad Med 2011


CARE
Coaching to Advance
Resident Engagement
A guide for faculty & the struggling medical learner
Current state of affairs: What is going on now?
C
Active listening; let resident set agenda
(try not to direct or give advice yet)
Identify any blind spots
Aspiration: What do I want?
A
This is the turning point in the discussion
Active listening: open-ended questions, reflection, & encouragement
Help to refine & clarify
Establish priorities (areas of strength or weakness?)
Assess values and level of commitment
Share experience or stories
Route: How do I get there?
R
SMART goal(s)
goals may be: proximal or distant/ concrete or abstract/ approach or avoidance/ performance or learning
pitfalls:
--too specific- myopic or shortsighted
solution: help to keep the big picture in mind; context
--driven only by extrinsic factors
solution: continued reflection & contextualization to arrive at internal motivating factors
formalize next steps; accountability
Evaluate: How am I doing?
E
Assess progress on previous SMART goals (encouragement)
Update and refine as necessary-- importance of recognition of achievement and time for reflection on achievement
new SMART goal(s): build on existing progress or use the accomplished goal as motivation for a new & more challenging goal


CARE
Coaching to Advance
Resident Engagement
FOR RESIDENTS
Current state of affairs: What is going on now?
C
Exploration of the present
Possible topics/ areas to explore: medical knowledge, professionalism, specific attitudes/ behaviors/ skills
May be triggered by internal motivation or external stimuli (feedback, evaluations, or test scores)
Aspiration: What do I want?
A
Preferred future state
Consider your values, motivations, & commitment
Route: How do I get there?
R
Action planning
Is there more than 1 way to get there? Pros/ cons?
SMART goal(s) : specific, measurable, achievable, relevant, & timely
Make 2-3 SMART goals of your own
Evaluate: How am I doing?
E
Assess progress on previous SMART goals
Update and refine as necessary

Lessons Learned

1. Learners struggle…and early recognition benefits everyone
2. Language matters
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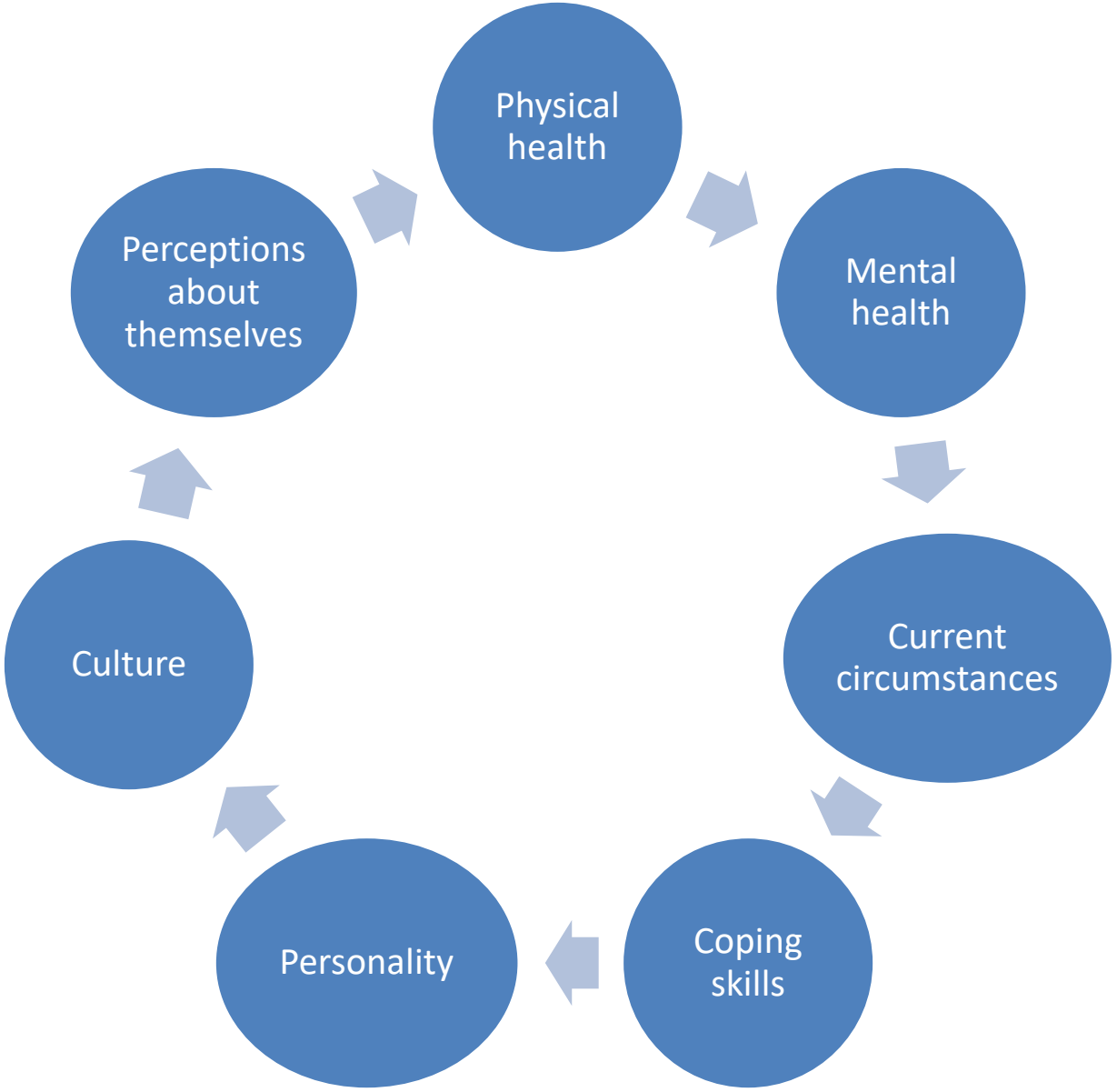
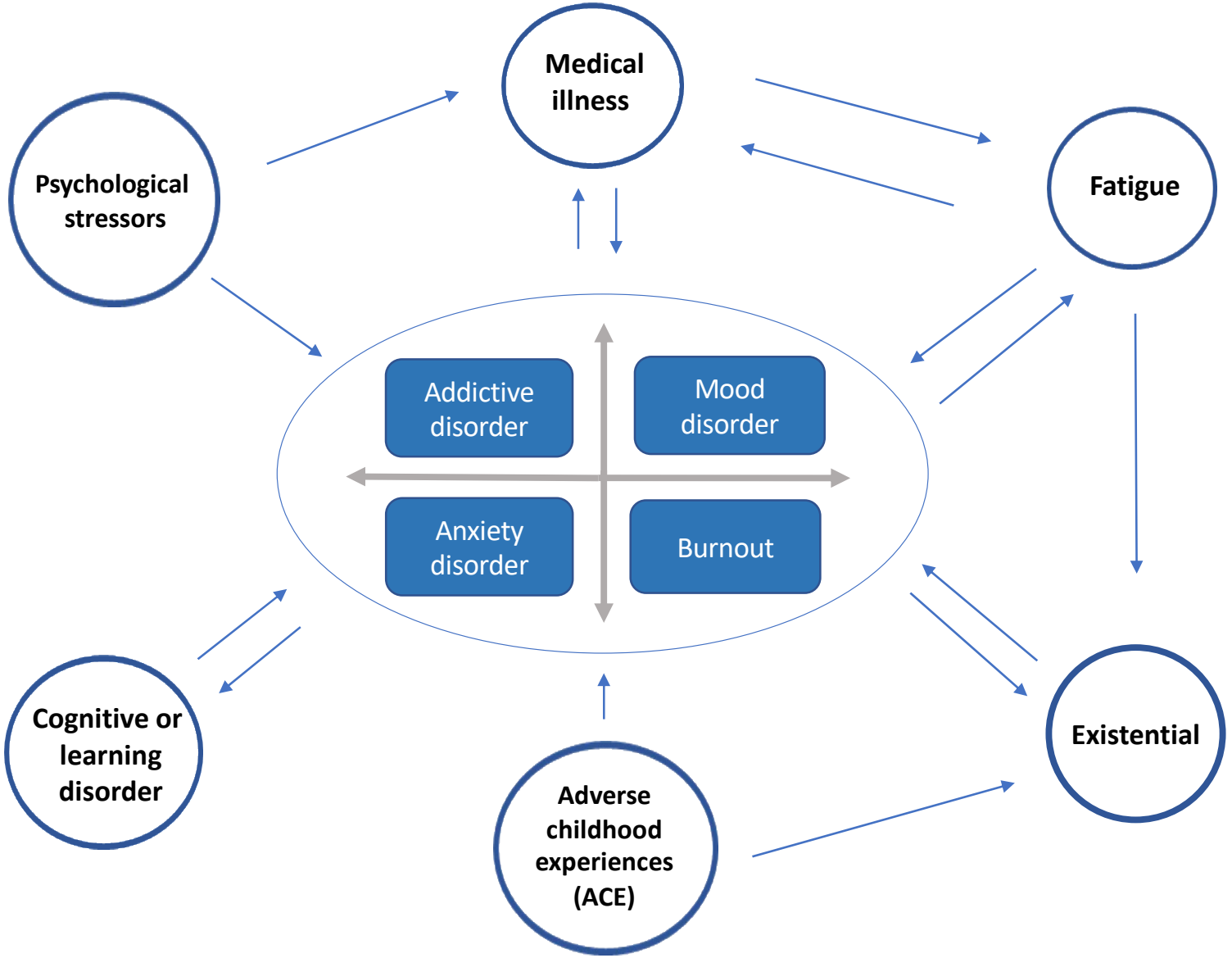
Biopsychosocial Context



Factors That May Underlie Performance Issues

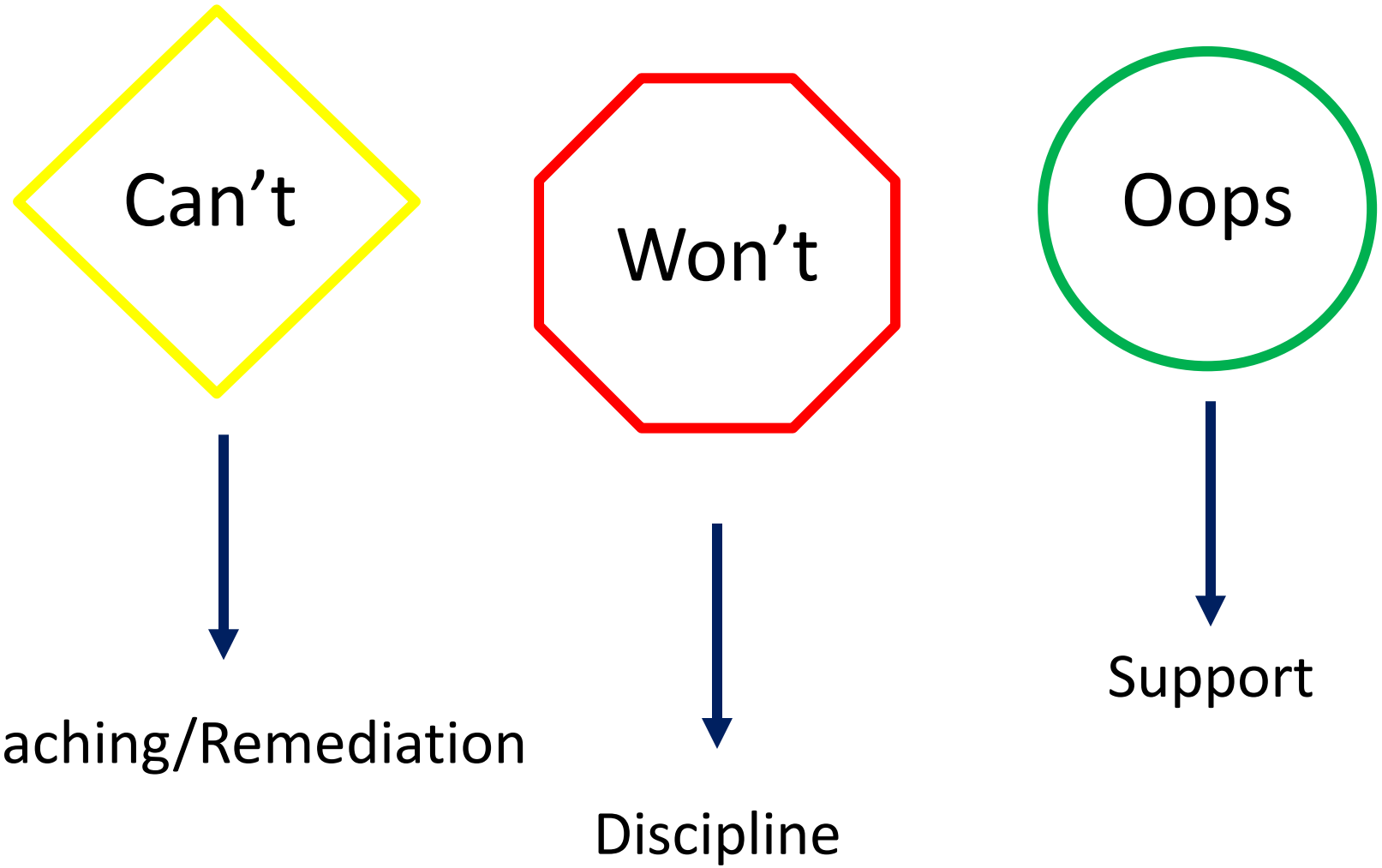


Exacerbating Factors – The Ds (Secondary Causes)

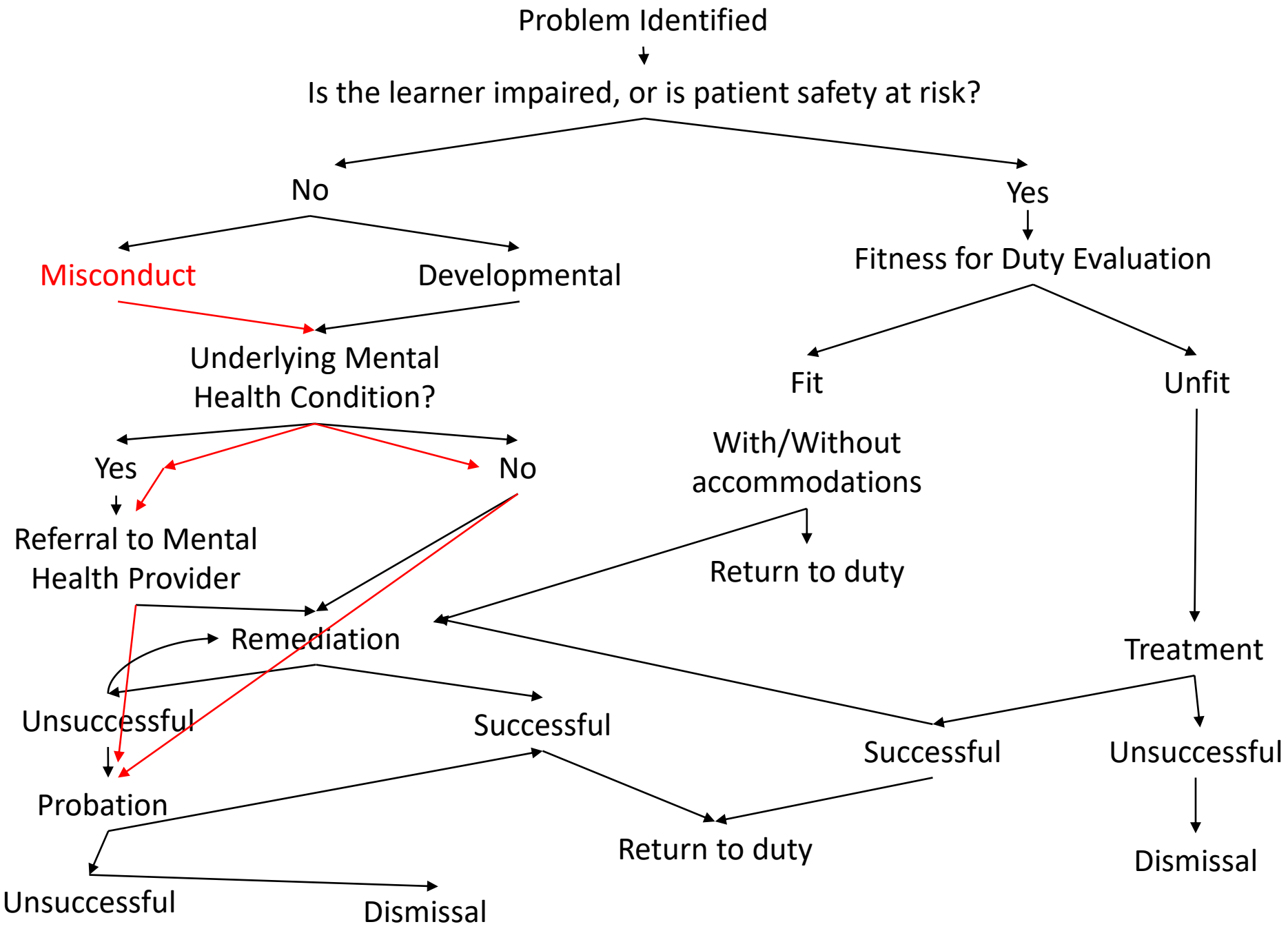
Deprivation
Distraction
Divorce
Depression
Dependence
Disordered personality
Disease
Disability (learning)
Dysfunctional time management skills
Dysfunctional program

Faculty role is as an educator, not a treating physician.
They should not diagnose or treat.
They should identify the gap in expected learning outcome.

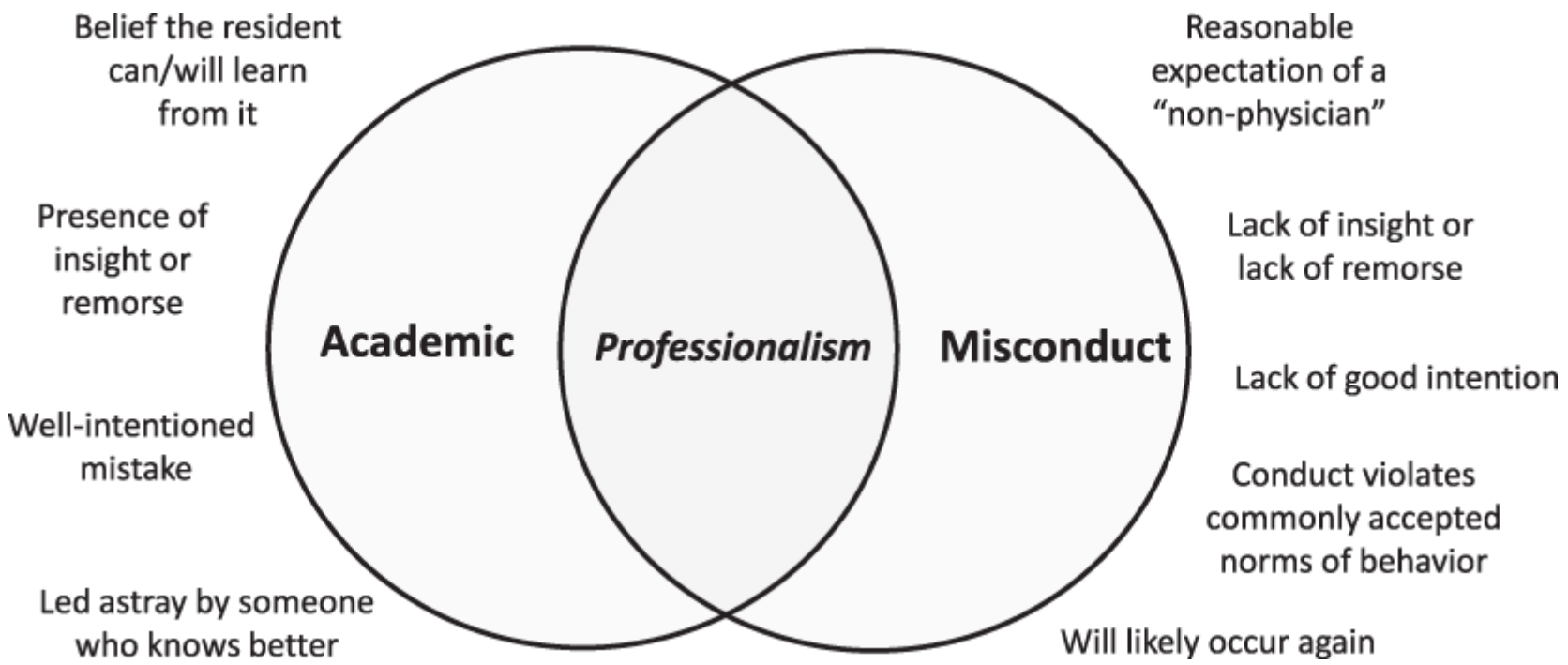
Lapses in Professionalism: Intent Matters



Credit to Carol Chou, MD, University of Pennsylvania


Problem Identified
Is the learner impaired, or is patient safety at risk?
No
Yes
Misconduct
Developmental
Fitness for Duty Evaluation
Underlying Mental Health Condition?
Fit
Unfit
Yes
No
With/Without accommodations
Referral to Mental Health Provider
Return to duty
Remediation
Treatment
Unsuccessful
Successful
Successful
Unsuccessful
Probation
Return to duty
Dismissal
Unsuccessful
Dismissal

Professionalism: Remediation or Probation?



J Grad Med Educ. 2021;13(2s):81-85. doi:10.4300/JGME-D-20-00845.1

Small Group Exercise

How does your program investigate for secondary causes?

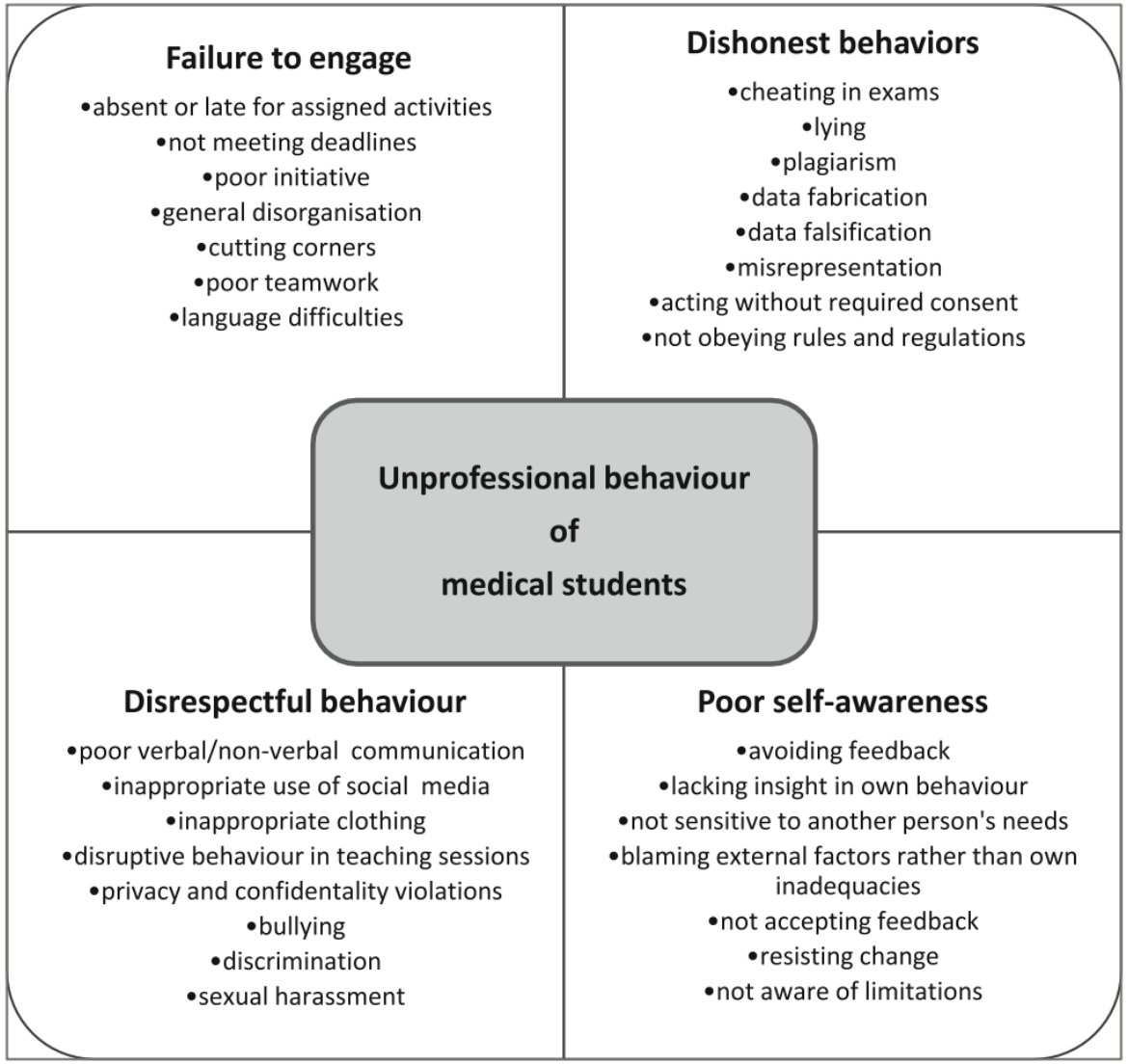
If you do not, how would you develop such an evaluation?

Think about roles.
How do you create the safe space?

Case – PGY2 in 3 year program, late fall

- Average medical knowledge, clinical judgement
- Has always met, but never exceeded, the bar
- Concerns about professionalism since starting 2nd year
  - Corner-cutting, lack of ownership
  - Leaves early, inappropriate delegation, slow to get to the bedside
- You meet with him…
  - Lacks insight into the above perceptions, thinks he is working really hard
  - “I’m just a scut monkey.” “This program is not fair.”
  - Expresses frustration that there are not enough “wellness days.”

Types of Professionalism Concerns



Mak-van der Vossen et al. BMC Medical Education (2017) 17:164

Discussion Questions

- How will you approach this learner considering your programmatic and institutional policies?
- What might be going on with this learner?
- Is this a can't or a won't? If unsure, what additional information do you need to determine this?
- How will you remediate this learner? Consider roles. What is the role of the PD? Who will serve as coach/advisor? How will you evaluate for underlying issues?

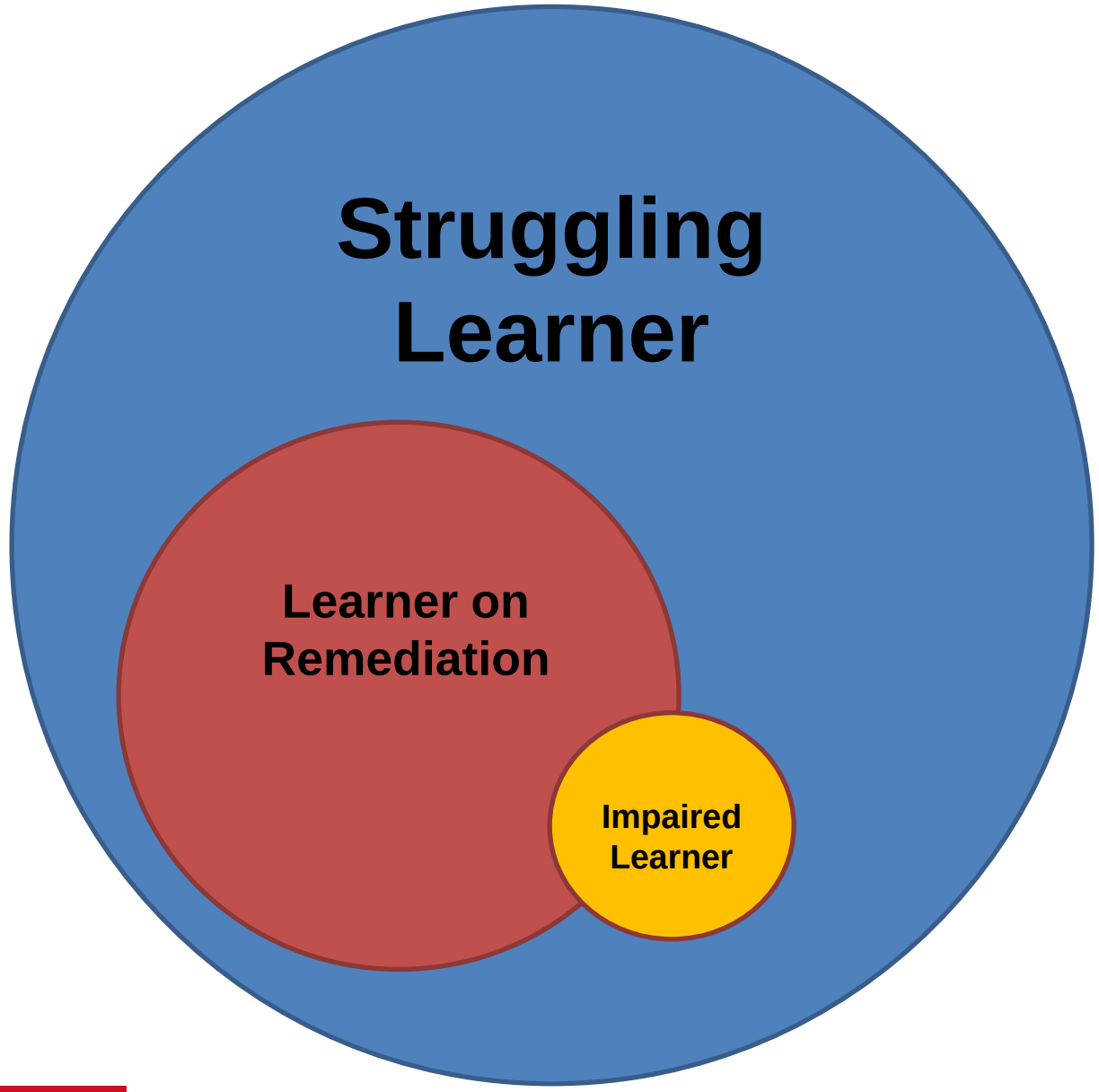
Roles

PD - manages interface between learner and program/patients

- Communicates expectations and ensures that learner understands expectations
- Ensures that faculty are giving frequent real-time formative feedback
- Documents
- Presents and enforces timeline and consequences if expectations not met
- Performs or guides reassessment after remediation to determine success of intervention

Coach or mentor - manages interface between learner and biopsychosocial context

- Not part of the formal assessment team, not a voting member of the CCC
- Provides, processes feedback
- Directly observes
- Assesses for underlying concerns, assesses barriers
- Teaches skills



The Impaired Learner

Defining and Recognizing Impairment

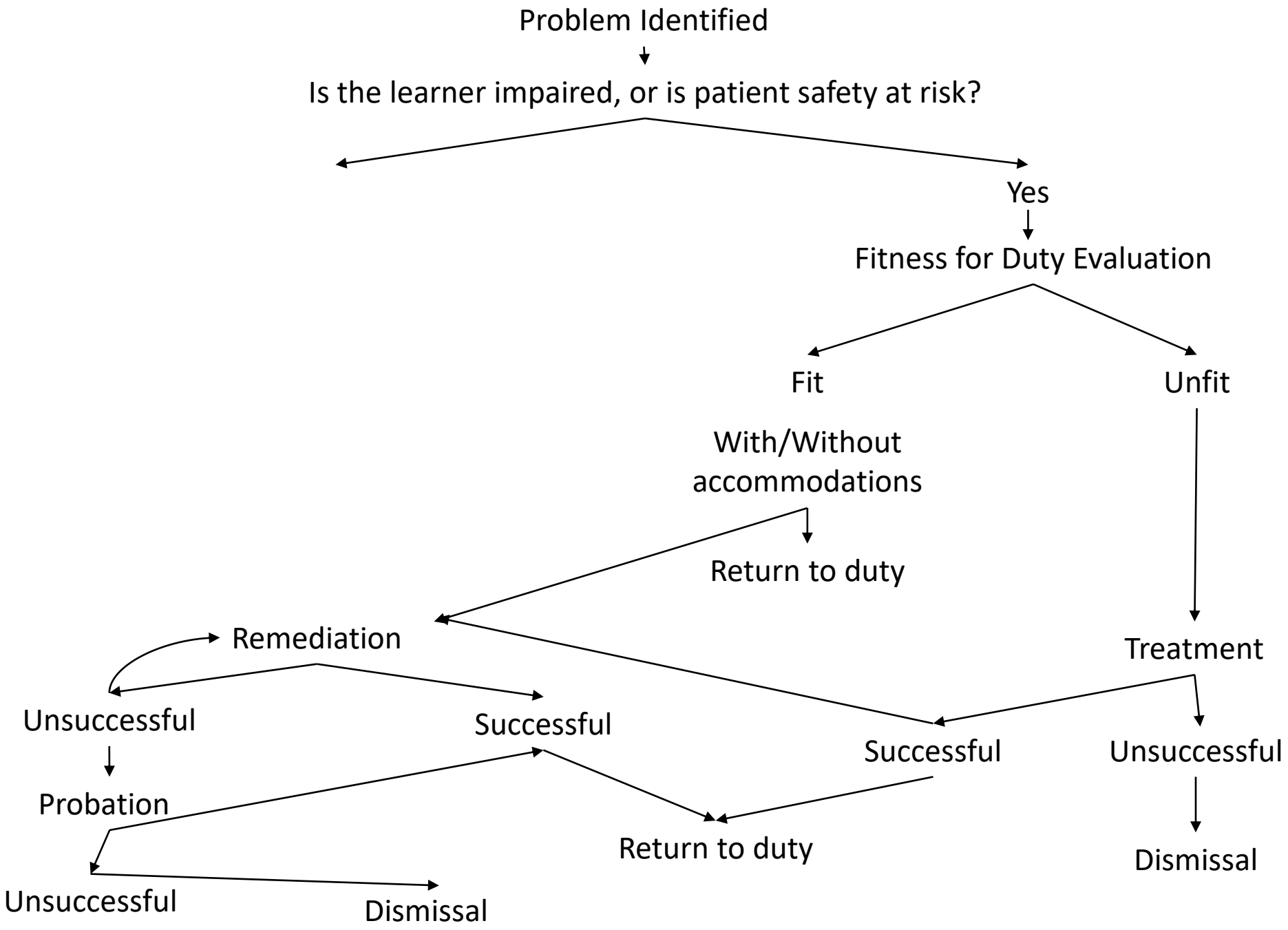
February 5, 1973

The Sick Physician

Impairment by Psychiatric Disorders, Including Alcoholism and Drug Dependence

JAMA. 1973;223(6):684-687. doi:10.1001/jama.1973.03220060058020

- Causes of impairment
  - Substance use disorders, mental illness, physical illness, extreme fatigue, burnout
- Can be subtle
- No one phenotype of impairment
- Work is the last place to fall apart
- Know your state laws


Problem Identified
Is the learner impaired, or is patient safety at risk?
Yes
Fitness for Duty Evaluation
Fit
Unfit
With/Without accommodations
Return to duty
Remediation
Treatment
Unsuccessful
Successful
Successful
Unsuccessful
Probation
Return to duty
Dismissal
Unsuccessful
Dismissal

Fitness for Duty Evaluation

If concern for patient safety and/or learner impairment

Policies vary by institution…but you should have one

Goals:

- Define type of impairment
- Evaluate learner's present physical and mental health
- Understand requirements of the job
- Propose conditions to ensure safe return to work

Fitness for Duty Evaluation Process

Trainee placed on leave pending evaluation

Possible outcomes

- Fit for duty without accommodations
- Fit for duty but requires accommodations
- Not fit for duty and will require additional treatment

Implicit in the evaluation physician is the assurance that the physician is not a danger to self or others

Ideally non-disciplinary and (in and of itself) not reportable

Accommodations

Policies vary by institution

Modification of job or environment that allows disabled individual to perform essential functions of the job

What is “reasonable?”

- Considers requirements of specialty board, impact on the program, impact on the learner’s ability to achieve competence and success in the eventual practice environment

Legal Issues & Program Development

Legal Issues

US Supreme Court - “courts are particularly ill-equipped to evaluate academic performance”

Trouble in Academia: Ten Years of Litigation in Medical Education Minicucci, R and Lewis, B *Academic Medicine*, Vol. 78, No. 10/October Supplement 2003

Legal Issues: General Guidelines

1. Utilize your legal counsel
2. Know Institutional procedures / policies and adhere to them
3. Implement and follow your due process procedure
4. Make decisions by committee
5. Communicate and document

Ensuring Due Process

Give notice of deficiency

Time to respond and “air grievances”

Opportunity to correct the problem

Use of a consistent decision-making process

-To identify and define the problem

-To determine whether the learner has corrected the problem

Due process is the process that you do! Don’t make it harder than it has to be! -Bill Iobst, MD

Establishing Programs and Policies

- Consider the culture around remediation
  - Stigma and messaging
  - Design a system that facilitates early referral and learner buy-in

- Leveraging local resources
  - Which areas can be centralized?
    - Biopsychosocial assessment, wellbeing, professionalism, communication
  - Faculty development and coordination across departments
    - Train domain experts
      - Clinical reasoning, professionalism, test-taking and knowledge
    - Identify departmental coaches

- Document, know and adhere to your processes and policies, consult with legal counsel often

To Take Home

Keeping in mind the question from the beginning of the session:

What is the hardest thing about remediation for you?
What keeps you up at night?

Now, write down 1-2 ideas to implement when you return home. What challenges will you face in implementing this (these) idea(s)?

Questions?